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DE RUEHGO #0549/01 2330936  
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FM AMEMBASSY RANGOON  
TO RUEHC/SECSTATE WASHDC IMMEDIATE 9381  
INFO RUCNASE/ASEAN MEMBER COLLECTIVE  
RUEHBJ/AMEMBASSY BEIJING 2393  
RUEHBY/AMEMBASSY CANBERRA 2244  
RUEHKA/AMEMBASSY DHAKA 5305  
RUEHNE/AMEMBASSY NEW DELHI 5708  
RUEHUL/AMEMBASSY SEOUL 9310  
RUEHKO/AMEMBASSY TOKYO 6891  
RUEHCN/AMCONSUL CHENGDU 1894  
RUEHCHI/AMCONSUL CHIANG MAI 2302  
RUEHCI/AMCONSUL KOLKATA 0742  
RUEAUSA/DEPT OF HHS WASHDC  
RUEHPH/CDC ATLANTA GA  
RUEHRC/USDA FAS WASHDC  
RHHMUNA/CDR USPACOM HONOLULU HI  
RHEHNSC/NSC WASHDC  
RUEKJCS/SECDEF WASHDC  
RUEKJCS/JOINT STAFF WASHDC

C O N F I D E N T I A L SECTION 01 OF 02 RANGOON 000549

SIPDIS

STATE FOR EAP/MLS, G/AIAG;  
PACOM FOR FPA;  
USDA FOR FAS/PECAD, FAS/CNMP, FAS/AAD, APHIS;  
BANGKOK FOR USAID:JMACARTHUR, APHIS:RTANAKA, REO:HHOWARD

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TAGS: [EAGR](#) [EAID](#) [AMED](#) [PGOV](#) [PREL](#) [CASC](#) [TBIO](#) [KFLU](#) [BM](#)

SUBJECT: HEALTH AUTHORITIES MAINTAIN AH1N1 CONTAINMENT  
STRATEGY

REF: RANGOON 00487

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Classified By: Econoff Marc Porter for Reasons 1.4 (b, d)

Summary

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1. (C) Burmese health authorities continue to rely on a containment strategy to handle the A/H1N1 pandemic. While WHO's worldwide guidance recommends a focus on mitigation, a Burma-based WHO epidemiologist said Burma's containment policy is not medically contraindicated and stems from fear of acute cases, the desire for security engendered by the SARS experience, and inertia among health authorities. WHO predicts the GOB's containment strategy will be abandoned once acute cases overwhelm limited local resources. End summary.

GOB Emphasizing Containment Over Mitigation  
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2. (C) Econoff met August 20 with Dr. Silvia Garelli, WHO epidemiologist, to discuss the GOB's current approach to A/H1N1. Dr. Garelli said countries choose between containment (isolation and quarantine) and mitigation (treatment) when facing a communicable disease outbreak. While most countries currently acknowledge the spread of A/H1N1 to be beyond the capacity of containment measures and are focusing on mitigation, the GOB's Ministry of Health (MOH) is still pursuing a containment strategy. Burmese health authorities continue to monitor incoming travelers for signs of infection and quarantine confirmed cases in Rangoon hospitals for 10 days. Individuals that have been in close contact (less than one meter) with confirmed cases are restricted to their homes and monitored daily for the same period of time.

¶3. (C) Dr. Garelli said WHO advised the Ministry of Health (MOH) on July 16 to shift focus toward mitigation. She noted, however, that there is nothing inherently wrong with a continued containment strategy; quarantine, though less effective in the long run, is an accepted response to communicable disease. Dr. Garelli characterized WHO's advice as an attempt to persuade MOH to face the reality of a disease likely to spread rather than a critique of its quarantine system.

Fear, Past Experience, and Bureaucracy Reinforce Containment  
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¶4. (C) According to Garelli, the GOB would face difficulty in implementing a mitigation strategy involving advanced treatment of serious cases because of the lack of advanced medical care here. Dr. Garelli suggested the GOB's recognition of these shortcomings and fear of an uncontrollable outbreak are prompting the continued reliance on containment. Dr. Garelli said Burma's SARS experience -- in which Burma imposed strict containment measures and recorded no SARS cases -- may also reinforce the containment focus by creating an illusion of protection. Dr. Garelli said MOH does not act independently and any change in its policy must be approved by other ministries and the country's senior leadership -- creating bureaucratic impediments to policy changes.

Change in Response Will be Forced on Health Authorities  
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¶5. (C) Dr. Garelli predicted the GOB will eventually

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abandon containment due to medical realities. Once A/H1N1 spreads widely, even the small number of acute cases normally associated with the disease will swamp the local health system. Burmese hospitals will not have the capacity to both treat seriously ill patients and isolate mild cases.

¶6. (U) To date, MOH has reported 23 confirmed cases of A/H1N1, and no resulting fatalities in Burma. An American citizen -- a student attending a Rangoon international school who recently returned from vacation abroad -- is among the latest confirmed cases.  
VAJDA